

DO NOT WRITE HERE

Type of Certificate: \_\_\_\_\_

Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Exp. Date: \_\_\_\_\_



south carolina  
**STATE LIBRARY**

**Mail Application To:**

South Carolina State Library  
Attention: CE Coordinator  
PO Box 11469  
Columbia, SC 29211

**APPLICATION FOR RENEWAL - PUBLIC LIBRARIAN'S CERTIFICATE**

**PROVISIONAL PRE-PROFESSIONAL\*\*\*\***

Date: \_\_\_\_\_

Name: Mr. Mrs. Ms. \_\_\_\_\_  
last first middle

Mailing Address: \_\_\_\_\_  
street city state/zip

Home telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Library Address: \_\_\_\_\_  
name street city state/zip

Work telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

\*Items marked with an asterisk, see 'Requirements'

### RECORD OF EDUCATION

Institution	Name	Address	Dates attended FROM:	Dates attended TO:	Credential or Degree
High School or Preparatory School					
College or University*					
Library School*					
Other					

**TRANSCRIPTS MUST BE SUBMITTED: CHECK ONE**  
(Proof of 6 semester hours in library science)

\_\_\_\_\_ Transcripts Enclosed  
\_\_\_\_\_ Transcripts to be  
forwarded by school

### RECORD OF LIBRARY EXPERIENCE (List current position first)

Name of Library	Title of Position	Name of Supervisor	Date of employ- ment FROM:	Date of employ- ment TO:	Hours worked per week

(additional sheets may be attached if necessary)

**Please attach a BRIEF ANALYSIS OF YOUR PRESENT POSITION DUTIES AND RESPONSIBILITIES on a separate sheet.**

I certify the above information is correct \_\_\_\_\_  
Signature of Applicant

I have reviewed this application and certify the information is correct so far as it pertains to this library. The position held is classified as \_\_\_\_\_ Professional or \_\_\_\_\_ Pre-professional

Signature of Immediate Supervisor \_\_\_\_\_



South Carolina State Library  
Attention: CE Coordinator  
PO Box 11469  
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**REQUEST FOR EVALUATION OF THREE YEARS PRE - PROFESSIONAL EXPERIENCE**

Name: Mr. Mrs. Ms. \_\_\_\_\_  
last first middle

Mailing Address: \_\_\_\_\_  
street city state/zip

Permanent  
Address: \_\_\_\_\_  
street city state/zip

**Directions for use of this form:**

This form is to be used by candidates seeking to renew the Provisional Pre-Professional Certificate by meeting the three years consecutive full-time public library experience requirement of the Certification Regulations. It is to be filled out completely in duplicate, and both copies should be forwarded to the South Carolina State Library. Separate sheets should be used for positions in different libraries, if the three years consecutive experience was gained in more than one library. If the title and duties changed materially in the course of service in any one library, indicate such changes as separate employment. Additional sheets following the pattern of this form may be used. The experience described must include your present position.

Please describe in detail, on the following sheet, the pre-professional experience you are claiming. Give specific information about each type of work performed in this position.



**South Carolina State Library  
Attention: CE Coordinator  
PO Box 11469  
Columbia, SC 29211**

**CLAIMED EXPERIENCE FORM:**

Name and address of library: \_\_\_\_\_

\_\_\_\_\_

Title and grade of your position: \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_

Name and Address of Library: \_\_\_\_\_

\_\_\_\_\_

Date of Employment: From: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ hours per week \_\_\_\_\_

To: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ annual salary \_\_\_\_\_

Type of work performed:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date